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| Effective October 1, 1996   |  |   |              |   |                                     |                  |    |                    | 08/89744               |    |                     |                        |  |
|---|--|---|--------------|---|-------------------------------------|------------------|----|--------------------|------------------------|----|---------------------|------------------------|--|
| CLAIMS AS FILED - PART ! (Column 1) (Column 2)                            |  |   |              |   |                                     |                  |    | SMALL              | ENTITY                 | OR |                     | R THAN<br>ENTITY       |  |
| FOR NUMBER  |  |   | ER FILED     | NUMBE                                       |                                     | EXTRA            |    | RATE               | FEE                    |    | RATE                | FEE                    |  |
| BASIC FEE   |  |   |              |   |                                     |                  |    |                    | 385.00                 | OR |                     | 770.00                 |  |
| TOTAL CLAIMS  |  |   | 7 minus 20 = |   | *                                   |                  |    | x\$11=             |                        | OR | x\$22=              |                        |  |
| INDE  | PENDENT CLA  | AIMS .                                    | 3 mini       | minus 3 = *                                 |                                     | •                |    | x40=               |                        | OR | x80=                |                        |  |
| MULTIPLE DEPENDENT CLAIM PRESENT  |  |   |              |   |                                     |                  | lţ | +130=              |                        | OR | +260=               |                        |  |
| *. If the difference in column 1 is less than zero, enter "0" in column 2 |  |   |              |   |                                     |                  |    | TOTAL              |                        | OR | TOTAL               | 770                    |  |
| CLAIMS AS AMENDED - PART II (Column 1) - (Column 2) (Column 3)            |  |   |              |   |                                     |                  |    | SMALL              | . ENTITY               | OR | •                   | R THAN<br>ENTITY       |  |
| <b>AMENDMENT A</b>  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR |                                     | PRESENT<br>EXTRA |    | RATE               | ADDI-<br>TIONAL<br>FEE | •  | RATE                | ADDI-<br>TIONAL<br>FEE |  |
|   | Total  | * 17                                      | Minus        | **  |                                     | =                |    | x\$11=             |                        | OR | x\$22=              |                        |  |
|   | Independent  | *: 3                                      | Minus        | ***   |                                     | =                |    | x40=               |                        | OR | x80=                |                        |  |
| 4   | FIRST PRES   | SENTATION O                               | MULTIPLE     | DEPE  | NDENT CL                            | AIM              |    | +130=              |                        | OR | +260=               |                        |  |
|   | (Column 1) (Column 2) (Colu  |   |              |   |                                     | (Column 3)       | AI | TOTAL<br>ODIT. FEE |                        | OR | TOTAL<br>ADDIT. FEE |                        |  |
| AMENDMENT B   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              | HIC<br>NU<br>PRE                            | GHEST<br>JMBER<br>VIOUSLY<br>ID FOR | PRESENT<br>EXTRA |    | RATE               | ADDI-<br>TIONAL<br>FEE |    | RATE                | ADDI-<br>TIONAL<br>FEE |  |
|   | Total  | *   | Minus        | **  |                                     | =                |    | x\$11=             |                        | OR | x\$22=              |                        |  |
|   | Independent  | *   | Minus        | ***   |                                     | =                |    | x40=               |                        | OR | x80=                |                        |  |
| ٧   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |   |              |   |                                     |                  |    | +130=              |                        | OR | +260=               |                        |  |
|   | (Column 1) (Column   |   |              |   |                                     | (Column 3)       | Al | TOTAL<br>DDIT. FEE |                        | OR | TOTAL<br>ADDIT. FEE |                        |  |
| AMENDMENT C   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | 1            | NL<br>PRE                                   | GHEST<br>JMBER<br>VIOUSLY<br>ID FOR | PRESENT<br>EXTRA |    | RATE               | ADDI-<br>TIONAL<br>FEE | !  | RATE                | ADDI-<br>TIONAL<br>FEE |  |
|   | Total  | *   | Minus        | **  |                                     | =                |    | x\$11=             |                        | OR | x\$22=              |                        |  |
|   | Independent  | *   | Minus        | ***   |                                     | =                |    | x40=               |                        | OR | x80=                |                        |  |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |   |              |   |                                     |                  |    | +130=              |                        | OR | +260=               |                        |  |
| ***  f  | * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |   |              |   |                                     |                  |    |                    |                        |    |                     |                        |  |

Application or Docket Numb r.